

SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

State Form 48492 (R4/11-05) Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11 REPORT

ONE

1. Full Name of Candidate (include any nickname)	eck if this is a new n	ame 2 Committee	Telephone Numbe	<u> </u>		
KELLY BENTLEY	on ii uiis is a libw li	2. Committee	1 G38	-1700 (TREAS	urer)	
3. Mailing Address (address where all campaign finance of	anandanaa la	<u></u>				
PO Box 3 INDIANAPOUS IN	(c/o	Havaro Ha	ue)			
4. City INDIANA POUS IN		ode -2015	5. Party Affiliation or If Independent Candidate Non-Partisan Candida cy			
6. Office Sought (include district number, if any. Not required to the Community of School Community)	red for exploratory SSION EVS		7. County of Resi			
8. Reporting Period:				•		
1.0111	ough: (2-3/-					
For classification, enter INDV for individual; PAC for political action co	mmittee: CORP for cor	poration; LAB for labor orga	anization; NONE for all	entries which are not one of the ab		
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY	
Olassification 1. MARK NUNNELLY		Contributions: Direct		* 1000 00 10-15-201. Asst. Treas.		
GI FARM STREET		☐ In-Kind (describe)		17751. (ICC M3.		
Dover MA 62030		Office Provides				
500200 ,		Other Receipts:				
RETIRED		☐ Misc (specify)			ł	
Contributor's Occupation (ii applicable)						
Classification 2.		Contributions: Direct			ļ	
		☐ In-Kind (describe)				
		Other Receipts: Interest Loan Misc (specify)				
Contributor's Occupation (if applicable)					ļ	
Classification 3.		Contributions:				
		☐ Direct ☐ In-Kind (describe)				
		Other Receipts:				
		☐ Interest ☐ Loan	1			
		☐ Misc (specify)				
Contributor's Occupation (if applicable)	-					
CET I CERTIFY THAT I HAVE EXAMINED THIS STATEME TRUE, CORRECT AND COMPLETE.	RTIFICATION INT. TO THE BE	ST OF MY KNOWLE	DGE AND BELIE		CE USE ONLY	
Signature of Treasurer	Title		Date (MM-DD-YY)			
Jumes Journal of the state of t	TREASUREA		10-20-2	014		
Signature of Candidate (if applicable)		Date (MM-DD-YY)	0	CT 9 A 2014		
()	and for any comment of	// // // // // // // // // // // // //	· · ·	U 2 V 2014		
Warning: Any information contained in this report may not be person who knowingly files a fraudulent report commits a Class report as required by the Indiana Campaign Finance Law comm	D felony. (IC 3-14-	1-13) A person who fails	to file a complete or	accurate China	CT 20 2014 XX d. White	